

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/914984 FILING DATE _____
APPLICANT(S) _____

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.						
1	1				51					
2	1				52					
3	1				53					
4	1				54					
5	4				55					
6	0				56					
7	0				57					
8	0				58					
9					59					
10					60					
11					61					
12					62					
13					63					
14					64					
15					65					
16					66					
17					67					
18	0				68					
19	0				69					
20	0				70					
21	0				71					
22					72					
23	1				73					
24	1				74					
25	1				75					
26	1				76					
27	1				77					
28	1				78					
29	1				79					
30	1				80					
31	1				81					
32	1				82					
33	1				83					
34	1				84					
35	1				85					
36	1				86					
37	1				87					
38	1				88					
39	1				89					
40	1				90					
41	1				91					
42	1				92					
43	1				93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TAL		3			TOTAL IND.					
TAL			3		TOTAL DEP.					
TAL				10	TOTAL CLAIMS					
AIMS		21								